PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									10/8/0142/			
		CLAIMS	AS FILED - (Column		(Column 2)			SMALL ENT	rity	OR	OTHER SMALL E	1
U.S. NATIONAL STAGE FEES							1	PATE	FEE	1	RATE	FEE
BASIC FEE			SMALL ENT = \$ 150		LAR	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	2/1
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ther situations =		EXAM. FEE			EXAM, FEE	1
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		ALLO	ther situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	4/9
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =	700
TOTAL CHARGEABLE CLAIMS			22 min	us 20 =	*	2		X \$ 25 =		OR	X \$ 50 =	10
INDI	EPENDENT CL	AIMS	(2) mi	nus 3 =				X \$ 100 =		OR	X \$ 200 =	100
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =	4
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	WY)
Pre Ameli CLAIMS AS AMENDED - PART II 21/4/05 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							1	SMALL E	NTITY ADDI-	OR	OTHER SMALL E	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		, NUMI PREVIO PAID	USLY	PRESENT EXTRA		RATE	TIONAL FEE	3-1	RATE	ADDI- TIONAL FEE
	Total	• 22	Minus	. 2	2	= X		X \$ 25 =		OR	X \$ 50 =	\times
	Independent	2	Minus	 3		= 1		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+\$360=	
				TOTAL ADDIT. FFF		OR	TOTAL ADDIT.					
-	<u>-</u>	(Column 1)	•	(Colun	nn 2)	(Column 3)		-	-		-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus	***		-	ı	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

FORM 9TO-875 (Rev. 02/2005)

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